

***To be completed by ALL Center of Excellence Project PI***


<b>Interim Report (FY 2009-10) and Continuing Project Application (FY 2010-11) SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION CENTERS OF EXCELLENCE PROGRAM EDUCATION IMPROVEMENT ACT OF 1984</b>			
Institution:			
Circle Project Year: Y1 Y2 Y3 Y4 Y5 <i>If Continuing Request - circle year of request</i>			
Center Name:			
Project Director:    Title:   Department:	Address		
	Phone (office)		
	Phone (cell)		
	Fax		
E-mail			
Institutional Contact:	Address		
	Phone		
Fiscal Officer/Title:	Address		
	Phone		
<b>Proposed Funding</b>	<b>FY 2010-11</b>	<b>Five Year Total</b>	<b>School or District Partners</b>
State Funds Requested			
Institutional Funds			
Other Funds			
Total			
Institutional Approval Chief Executive Officer _____  Date _____			

## EIA Centers of Excellence Formal Request for Funding FY 2008-2009

- I. **Goals and Objectives** – include a research agenda as related to the Center’s goals and objectives.

[illegible]

### Research Agenda:



- II. Identify all of the partners (LEA and higher education) and describe their contributions to the project (programmatic and fiscal)
- a. FY 2009-10 (ALL)

b. FY 2010-11 (Continuing Requests ONLY)

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- III. Complete the chart below for activities that have been completed from August 1, 2009 – March 31, 2010. Describe the major activities and discuss how these activities meet the purpose and goals/objectives of the project. (ALL)

**Centers of Excellence****Activity Summary  
(Interim Report)****2009-10**

<b>Goals, Activities, Objectives</b>	<b>Timeline</b>	<b>Actions completed</b>	<b>Actions Pending</b>	<b>Notes</b>

- IV. **Proposed Center Activities for FY 2010-11 (Continuing Requests ONLY).** Provide a narrative on how the goals and objectives will be accomplished in FY 2010-11. Please complete the chart below. Be specific in describing the proposed activities for continuation. Give proposed topics, courses/workshops, instructors, timelines, etc. Describe activities to occur during the next project period and how they will meet the purpose and goals/objectives of the project (i.e., next grant period proposed activities). Describe how activities differ from the original proposed activities. Provide justification.

Goals/Objectives	Activities	Timeline

- V. **Evaluation Activities.** Please address the specific outcomes that are expected as a result of the Center activities and how progress toward meeting those outcomes will be measured at year's end. It is expected that an evaluation report will be included in all End-of-the-Year Project reports addressing these outcomes. Outcomes must be connected to the goals and objectives. If no evaluation has occurred to date, please describe the evaluation plan and include a timeline of such activities for the current grant period.

- a. FY 2009-10 (ALL)

- b. FY 2010-11 (Continuing Requests ONLY). Continuation requests should discuss how the evaluation will assess the goals and objectives of the project. Specifics should be provided concerning the evaluator, the methodology, the analysis, and any changes.

- VI. Describe any problems (administrative or programmatic) which has been encountered and how they were resolved.

- a. FY 2009-10 (ALL)

- b. FY 2010-11 (Continuing Requests ONLY). Please describe how problems will be addressed if funds are continued.

- VII. **Plan for Developing an Influential Constituency for the Center.** This plan should detail the specific steps taken to develop an awareness of and support for the Center's activities by internal and external stakeholder groups that are important to the Center's continued operations.

- a. FY 2009-10 (ALL).

- b. FY 2010-11 (Continuing Requests ONLY). Years 3-5 of the Centers of Excellence Project should show evidence of securing external support to continue the Center beyond the first year of 100% funding. Failure to show sustainability could result in withdrawal of funds.

VIII. Interim Report (ALL). To be completed by the institution.

<b>CENTERS OF EXCELLENCE EDUCATION IMPROVEMENT ACT OF 1984 FY 2009-10 BUDGET Interim Report</b>			
Institution _____			
Center Name _____			
Center PI _____			
<i>Line Item Description</i>	<i>Requested CHE Funds</i>	<i>Institutional/External Match</i>	<i>Expenditures</i>

**Approved by** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**(Chief Executive Officer)**



- IX. **Proposed Budget (Continuing Requests ONLY).** This should include both the state funding and the institutional/external match for FY 2010-11. The completed budget table (attached) and a budget justification must be included. The proposed budgets must be approved by the institution's chief executive officer or designee. Include a chart to indicate the percentage of funds used for salaries and other operation expenses by funding source. Evidence should be provided to show sources of external funding in the budget, especially for project in years 3-5. Centers are expected to maintain a minimum of the \$150,000 budget for the project throughout the five years of funding.

<b>BUDGET REQUEST</b> <b>FY 2010-11</b> <b>CENTERS OF EXCELLENCE</b> <b>EDUCATION IMPROVEMENT ACT OF 1984</b>				
<b>Project Year:</b>				
<b>INSTITUTION:</b>	<b>Proposed Budget</b>	<b>Institutional Funds</b>	<b>External Funds</b>	<b>CHE use</b>
<b>PROJECT DIRECTOR:</b>				
1. Key Personnel(Faculty/Administration) LIST NAMES & Role				
A. Salaries				
1				
2				
3				
4				
Total Key Personnel Salaries				
B. Fringe Benefits TOTAL				
<b>TOTAL KEY PERSONNEL COSTS</b>				
2. Support Personnel (LIST NAMES)				
A. Salaries				
1				
2				
3				
4				
Total Support Personnel Salaries				
B. Fringe Benefits TOTAL				
<b>Total SUPPORT PERSONNEL COSTS</b>				
<b>TOTAL PERSONNEL COSTS</b>				
3. Participant Support (District/School participants)				
a. Books				
b. Supplies and Materials				
c. Travel				
d. Room and Board				
e. Food				
f. Tuition				

**BUDGET REQUEST  
FY 2010-11  
CENTERS OF EXCELLENCE  
EDUCATION IMPROVEMENT ACT OF 1984**

**Project Year:**

<b>INSTITUTION:</b>	<b>Proposed Budget</b>	<b>Institutional Funds</b>	<b>External Funds</b>	<b>CHE use</b>
<b>PROJECT DIRECTOR:</b>				
g. Other - PLEASE SPECIFY				
<b>Total Participant Costs</b>				
4. Supplies and Materials (Institution)				
a.				
b.				
c.				
d.				
<b>Total Supply Costs</b>				
5. Equipment				
a.				
b.				
c.				
d.				
<b>Total Equipment Costs</b>				
6. Additional Costs - PLEASE SPECIFY				
a.				
b.				
c.				
d.				
<b>Total Additional Costs</b>				
7. Travel				
a.				
b.				
<b>Total Other Travel</b>				
<b>TOTAL PROJECT COSTS</b>	\$ -			
Project Director(s)		Typed Name & Title  Signature  Date		
Institutional Authority		Typed Name & Title  Signature  Date		

**Fringe Breakdown - Key Personnel**

Employee Name	Health	Dental	FICA	State Retirement	Unemployment Comp	Workers Comp	TOTAL FRINGE

**Fringe Breakdown - Support Personnel**

Employee Name	Health	Dental	FICA	State Retirement	Unemployment Comp	Workers Comp	TOTAL FRINGE

**Budget Justification.** Please provide a detailed justification for each line item listed in the proposed budget.